



MEMBERSHIP APPLICATION

Date _____ ☐ New ☐ Renewal

Name _____

Adult if member is <18 _____

Address _____

Town/State/Zip _____

Phone _____

E-mail _____

One-Year Memberships

	Individual	Family
Friend of Nature	<input type="checkbox"/> \$15	<input type="checkbox"/> \$25
Special Friend of Nature	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40
Nature Lover	<input type="checkbox"/> \$45	<input type="checkbox"/> \$55
Guardian of Nature	<input type="checkbox"/> \$60	<input type="checkbox"/> \$70

Senior (65+ individual or couple)	<input type="checkbox"/> \$10
Group (non-profit, class, or troop)	<input type="checkbox"/> \$40
Corporate Sponsor	<input type="checkbox"/> \$100+

Lifetime Memberships

Individual	<input type="checkbox"/> \$500
Family	<input type="checkbox"/> \$1,000
Senior (65+ individual or couple)	<input type="checkbox"/> \$500

Other Donations

I do not wish to become a member at this time but would like to donate \$_____ towards:

<input type="checkbox"/> Cornwall Scholarship Fund	<input type="checkbox"/> General Fund
<input type="checkbox"/> Haines Endowment Fund	<input type="checkbox"/> Other _____

Volunteer Contributions

I am interested in volunteer opportunities in:

<input type="checkbox"/> Animal Care	<input type="checkbox"/> Docent
<input type="checkbox"/> General Maintenance	<input type="checkbox"/> Speaker/Teacher
<input type="checkbox"/> Board Member	<input type="checkbox"/> Other _____

Please Make Checks Payable To

Friends of EBW Nature Center, 156 Prospect St, Wethersfield, CT 06109. The Friends is an IRS 501-c-3 not-for-profit corporation. Contributions are tax deductible to the extent permitted by law.

Office: ☒ NC ☐ BP ☐ NCP ☐ Other _____